

PTO/SB/21 (04-07)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

09/890,466

Filing Date

11/2/2001

First Named Inventor

Oscar Bschorr

Art Unit

2644

Examiner Name

Justin I. Michalski

Attorney Docket Number

00025-35935

**ENCLOSURES (Check all that apply)**☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/  
Incomplete Application☐Reply to Missing Parts  
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a  
Provisional Application☒Power of Attorney, Revocation  
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

Remarks

☐

After Allowance Communication to TC

☐Appeal Communication to Board  
of Appeals and Interferences☐Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☒Other Enclosure(s) (please identify  
below):

Return Postcard

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Thorpe North &amp; Western, LLP

Signature

Printed name

Jason R. Jones

Date

October 16, 2007

Reg. No.

51008

**CERTIFICATE OF TRANSMISSION/MAILING**

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Katherine C. Johnson

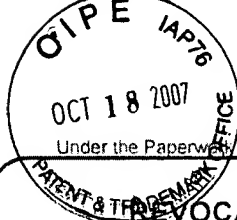
Date

October 16, 2007

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IF 2644



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ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                     |
|------------------------|---------------------|
| Application Number     | 09/890,466          |
| Filing Date            | 11/2/2001           |
| First Named Inventor   | Oscar Bschorr       |
| Art Unit               | 2644                |
| Examiner Name          | Justin I. Michalski |
| Attorney Docket Number | 00025-35935         |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 20,551

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

20,551

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

James J. Croft, III

Date

October 15, 2007

Telephone

(858) 674-1112

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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